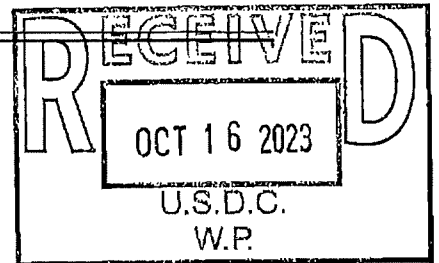


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKAdam E. Murphy

Write the full name of each plaintiff or petitioner.

Case No.

23 cv 6998 (KMK)

-against-

ERT OFFICER K. Rodriguez et al

NOTICE OF MOTION

Granted. The Clerk is requested to mail a copy of this document to Plaintiff.

Write the full name of each defendant or respondent.

So Ordered.

10/19/23

PLEASE TAKE NOTICE that

Plaintiff
plaintiff or defendantAdam E. Murphy
name of party who is making the motion

requests that the Court:

Please Accept into Courts AS Evidence EXHIBITS 1-12

Briefly describe what you want the court to do. You should also include the Federal Rule(s) of Civil Procedure or the statute under which you are making the motion, if you know.

In support of this motion, I submit the following documents (check all that apply):

- ☐ a memorandum of law
- ☒ my own declaration, affirmation, or affidavit
- ☒ the following additional documents: Murphy v. Rodriguez et al

23cv6998

10 - Pages OF PHOTOS OF
INJURIES FROM EXCESSIVE
+ 2 additional pages. Force
Claims10-4-23

Dated

Signature

Name

Adam E. Murphy

Prison Identification # (if incarcerated)

2023 00985

Address

110 Wells Farm RD

City

Goshen

State

NY

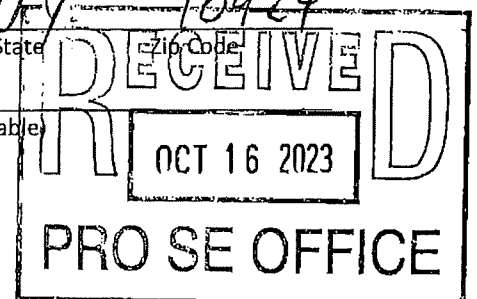
Zip Code

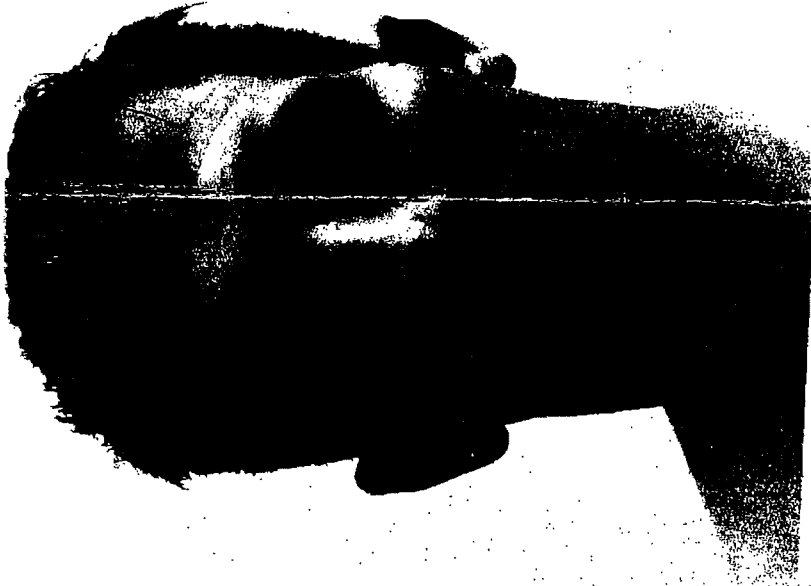
10924

Telephone Number (if available)

NA

E-mail Address (if available)

NA



Use of Force

NAME: Murphy, Adam

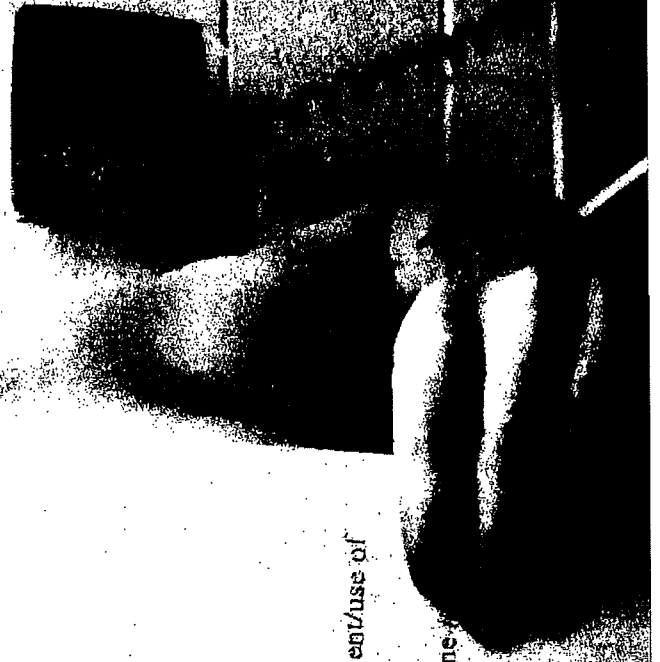
BOOKING #: 2023-00985

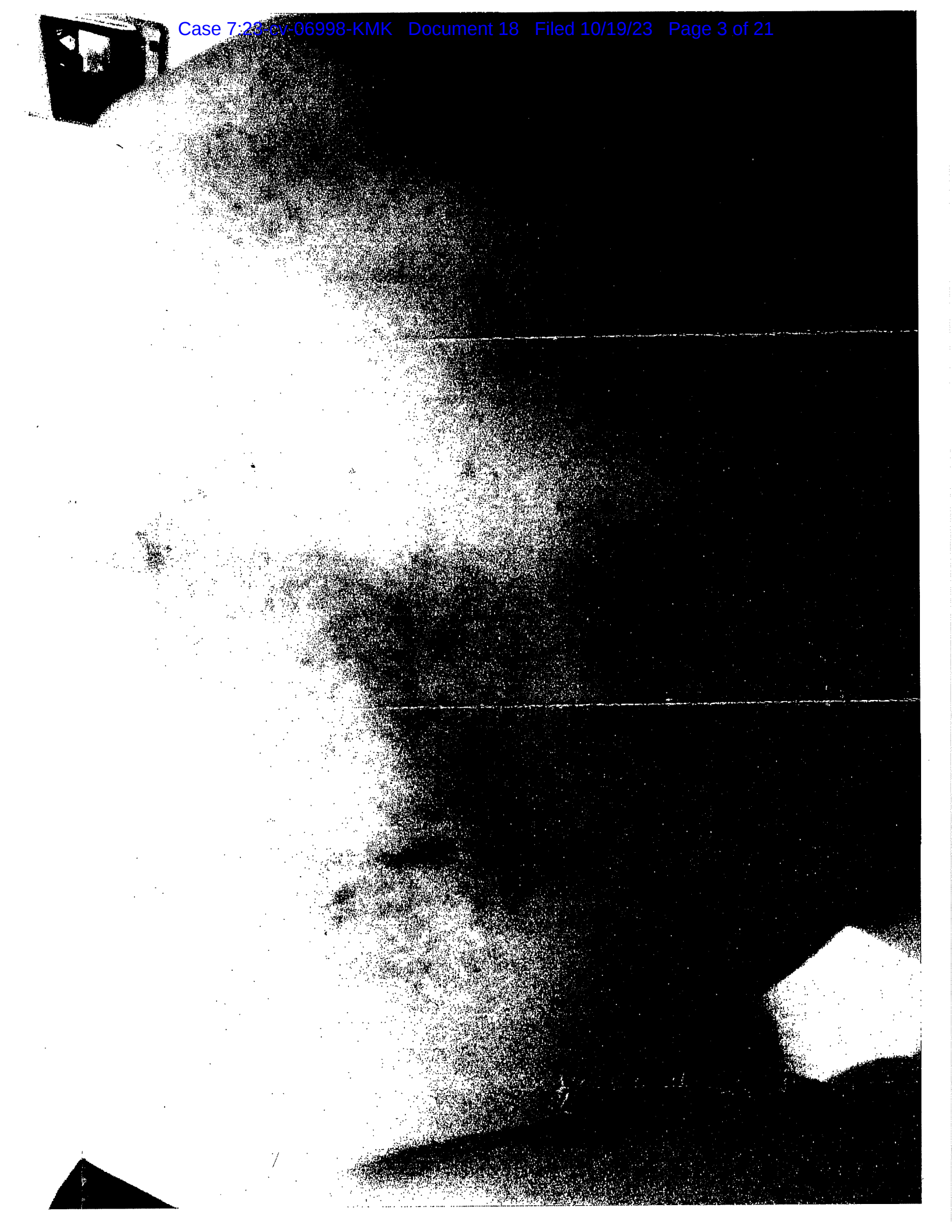
DATE: 7/21/2023

TIME OF PHOTOS: 2005

LOCATION / INCIDENT: Movement/use of force.

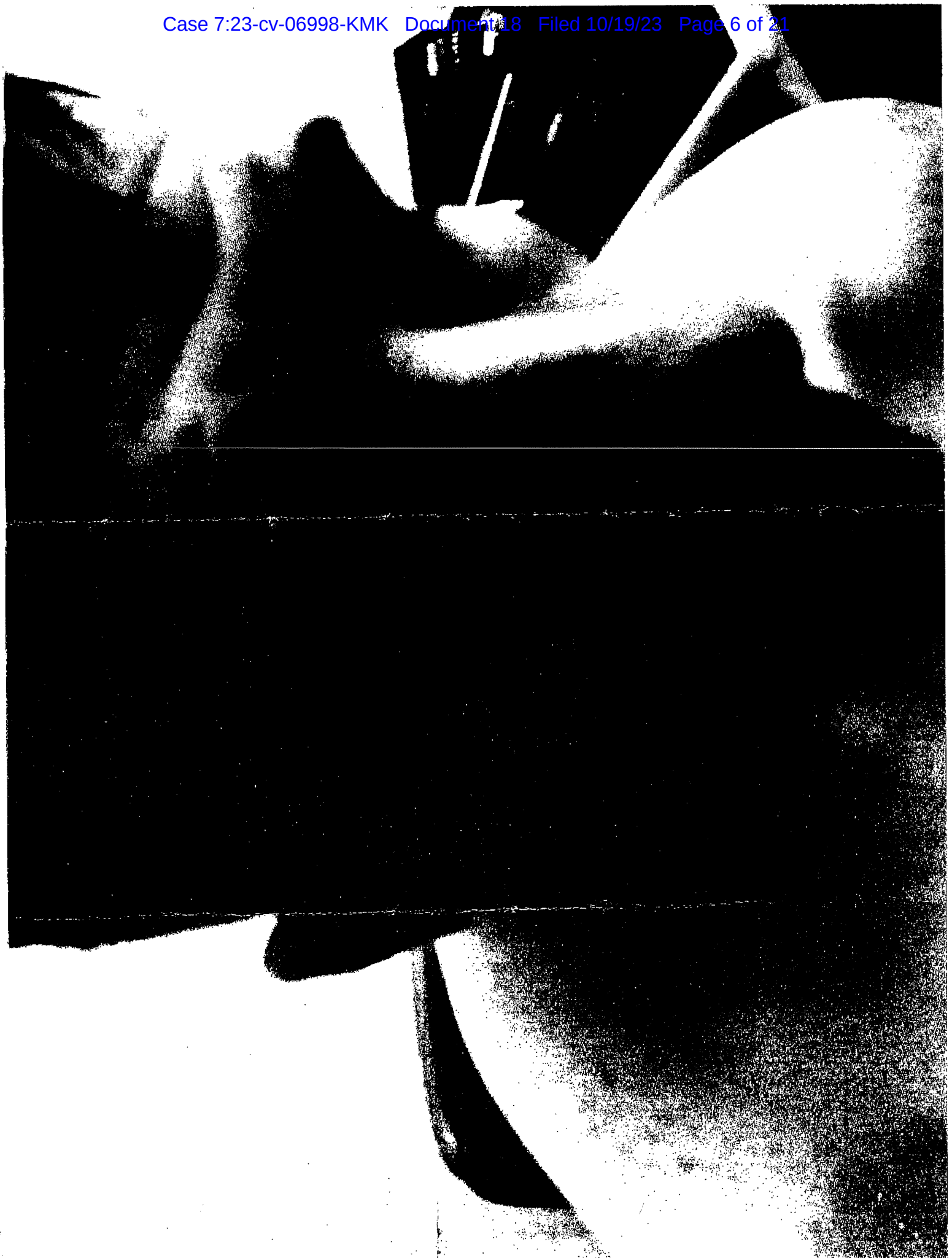
PHOTOGRAPHER: C.O. Clune

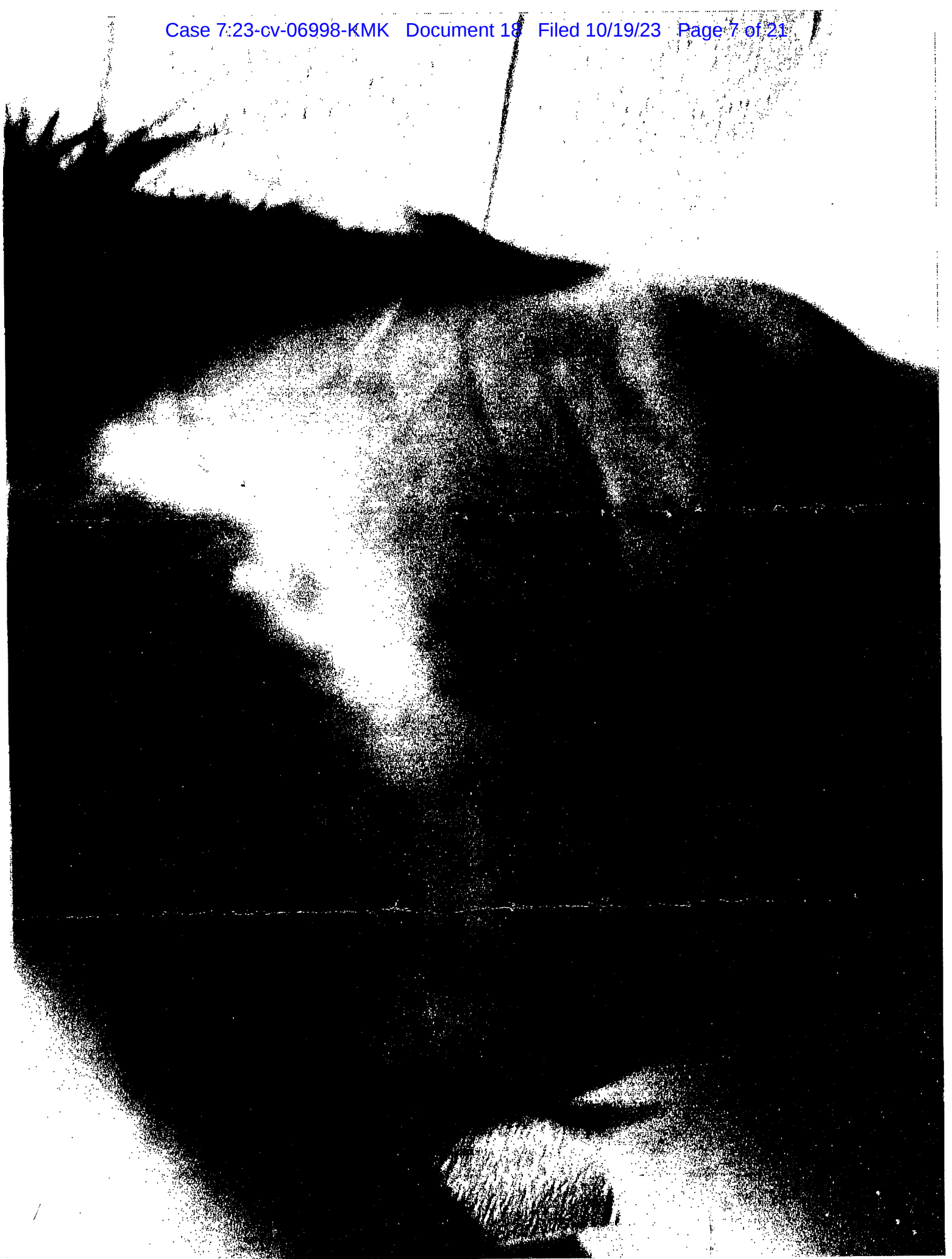








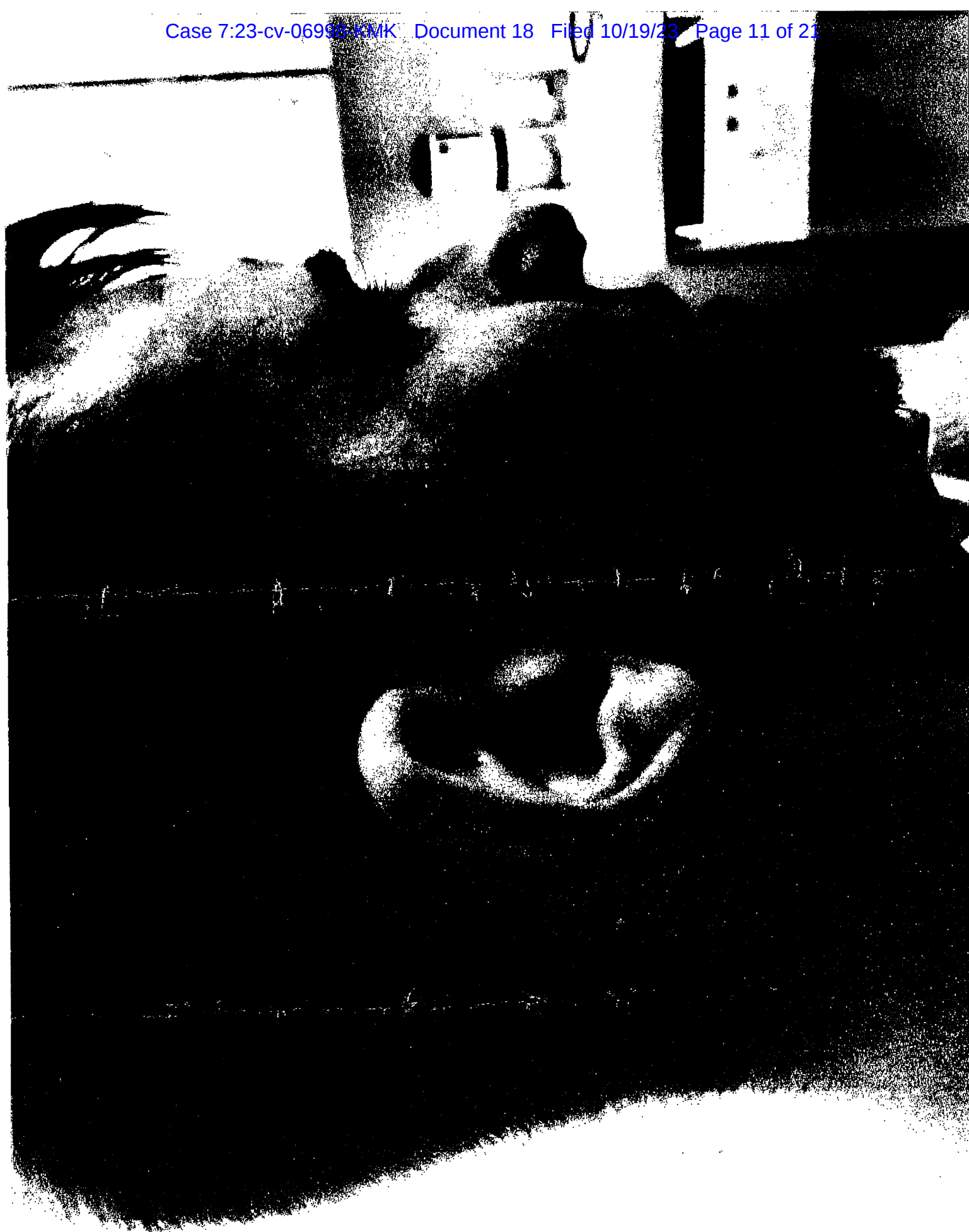














Case # 23-cv-6998
(KMK)

Exhibit #1

Copy
PREA Informant

ORANGE COUNTY JAIL INMATE MISBEHAVIOR REPORT

A. You have been cited for an act of misconduct as indicated below. You may be confined to your cell pending your hearing.

Inmate's Name: Murphy, Adam Booking Number: 2023-00985 Housing Unit Location: B1-13

Date of Infraction: 07/21/2023 Incident Time: 1944 Incident Location: Movement

Rule(s) Violated:

- A1-21 Possession of any facility contraband
- A1-22 Conduct disrupts/interferes with facility

Please Keep
Confidential

Description of Incident: On the above date and time I was working my assigned post as Hallway 1 ERT Officer when the following did occur. At 1944 hours, I was directed to escort Inmate Murphy, Adam 2023-00985 to Movement with Officer Pullen #474 and Officer Prelvukaj #138. Inmate Murphy was suspected of possessing facility contraband. Inmate Murphy was placed in a changing booth. I questioned Inmate Murphy if he had any contraband and directed him to turn over any contraband. Inmate Murphy was in possession of. Inmate Murphy removed his sock and turned over two small packages of a brown leafy substance to Officer Pullen. Administrative Sergeant Weed #123 was notified. Inmate Murphy is being issued this misbehavior report for possession of facility contraband.

Employee Witnesses: Officer Pullen #474; Officer Prelvukaj #138

Other Inmates Involved: N/A

Employee Name: K. Rodriguez #114 Signature: Report Date: 07/21/23 Report Time: 2200

Tabacco A CO' Wicans
gave me

Sergeants Findings:

I have reviewed the report and investigated the event. Based on the information provided in the report and the information gained during my investigation, I have determined that the information is true and accurate as reported.

Notes: Inmate Murphy admitted to having the tabacco and stated an Officer gave it to him.

Since Inmate Officer
has been charged and Arrested

Sergeant Name: Sgt. Weed Signature: Report Date: 7/21/23 Report Time: 2350

Shift Commander Name: M. Thomas Signature:

B. Command Review: Review Date: 7/22/23 Review Time: 0655

Name: L. Moreno Rank: CP+ Signature:

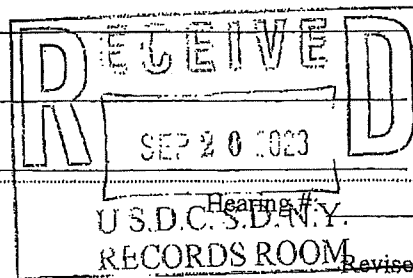
Level: 1 Confinement Pending Hearing: yes ☐ no ☒

Reason:

☐ Dismissed at Review

Page ____ of ____

Incident #:



Revised 03/17/17



Case #
23-CV-6998 (KMK)

Exhibit #2

Copy

ORANGE COUNTY JAIL INMATE MISBEHAVIOR REPORT

A. You have been cited for an act of misconduct as indicated below. You may be confined to your cell pending your hearing.

Inmate's Name: Murphy, Adam Booking Number: 2023-00985 Housing Unit Location: B1-13

Date of Infraction: 07/21/2023 Incident Time: 1954 Incident Location: Movement

Rule(s) Violated:

A1-21 Possession of any facility contraband

A1-22 Conduct disrupts/interferes with facility

Description of Incident: On the above date and time I was working my assigned post as Hallway 1 ERT Officer. Officer Prelvukaj #138, Officer Pullen #474, and I were attempting to conduct a strip search of Inmate Murphy after he had just turned over facility contraband. Inmate Murphy was refusing to complete the strip search. Inmate Murphy did not comply with the search after being directed multiple times by Officer Pullen and myself. Inmate Murphy was directed to remove his boxers and bend over when Inmate Murphy grabbed one white package concealed within his boxers. Inmate Murphy attempted to conceal the package within his rectum when Officer Pullen and I attempted to gain control of Inmate Murphy's arms and secure the contraband and Inmate Murphy resisted. Officer Pullen and I placed Inmate Murphy on the ground where Inmate Murphy continued to resist and kick his legs. Inmate Murphy was ordered to stop resisting staff's attempts to secure him and the contraband. Inmate Murphy stopped resisting only after oleoresin capscicum was deployed. I retrieved the white package Inmate Murphy attempted to conceal and it was secured. The strip search was completed yielding no additional contraband being found at this time.

Employee Witnesses: Officer Pullen #474; Officer Prelvukaj #138

Other Inmates Involved: N/A

Employee Name: K. Rodriguez #114 Signature: *K.R. #114* Report Date: 07/21/23 Report Time: 2200

more Tobacco one of the officers gave me

Sergeants Findings:

I have reviewed the report and investigated the event. Based on the information provided in the report and the information gained during my investigation, I have determined that the information is true and accurate as reported.

Notes: *Inmate Murphy admitted to having the tobacco and didn't turn it over because he didn't want to get in any further trouble*

Sergeant Name: *Sgt Weed* Signature: *Sgt Weed* Report Date: *7/21/23* Report Time: *2355*

Shift Commander Name: *M. T. Jones* Signature: *[Signature]*

B. Command Review: Review Date: *7/22/23* Review Time: *0657*

Name: *L. McReps* Rank: *Capt* Signature: *[Signature]*

Level: *1* Confinement Pending Hearing: yes ☐ no ☒ ☐ Dismissed at Review

Reason: _____

Page _____ of _____

Incident #: _____

Hearing #: _____

A. You have been cited for an act of misconduct as indicated below. You may be confined to your cell pending your hearing.

Inmate's Name: Murphy, Adam Booking Number: 2023-01134 Housing Unit Location: Delta 3

Date of Infraction: 07/21/2023 Incident Time: 1948 Incident Location: Delta 3 Cell #26

Rule(s) Violated:

A1-21 Possession of any facility contraband .. A3-08 Violation of General rules

Description of Incident: On the above date and time while working my assigned post as the Delta Wing Runner the following did occur. At 1948 hours, I was ordered by Delta Wing Sergeant D. Figueroa #132 to conduct a cell search in Delta 3 of cell #26 Murphy, Adam #2023-01134. During the cell search the following items were recovered: 6 pairs of black socks, back brace, multiple pieces of cardboard, protective eyewear, condom, 2 orange ear plugs, 2 pairs of non-jail issued flip flops, hard cover glasses case, plastic food container with the lid, sharpie marker, highlighter, pencil with metal piece to hold eraser, rubber band, extra mattress, 2 extra green jumpers, 2 extra laundry bags, zip lock bag, 9 large manilla envelopes with metal clasps, copy paper, excess issued whites, 4 extra sheets, 2 extra blankets, extra hoodie, and an extra pair of shorts. End of report.

Employee Witnesses: Sergeant Figueroa #132

Other Inmates Involved:

Employee Name: J. Castro #518 Signature: Report Date: 07/22/23 Report Time: 1430

Sergeants Findings:

I have reviewed the report and investigated the event. Based on the information provided in the report and the information gained during my investigation, I have determined that the information is true and accurate as reported.

Notes: When interviewed Inmate Murphy claimed that he found the items listed above. Inmate Murphy also acknowledged that he was aware that he was not allowed to have the items.

Sergeant Name: Halsehead #039 Signature: Sgt. Halsehead #039 Report Date: 07/22/2023 Report Time: 1800

Shift Commander Name: L. Maren Signature: L. Maren

B. Command Review: Review Date: 7/22/23 Review Time: 2/3/24

Name: J. J. Jaramon Rank: LT Signature: J. J. Jaramon

Level: I Confinement Pending Hearing: yes ☐ no ☒ ☐ Dismissed at Review

Reason: Inmate not confined pending hearing

Page of Incident #: Hearing #:



Exhibit #4

Copy

Case #
23-CV-6998
(KMK)

ORANGE COUNTY JAIL INMATE MISBEHAVIOR REPORT

A. You have been cited for an act of misconduct as indicated below. You may be confined to your cell pending your hearing.

Inmate's Name: Murphy, Adam Booking Number: 2023-00985 Housing Unit Location: Delta 3

Date of Infraction: 07/21/2023 Incident Time: 1816 Incident Location: Echo 1 Hallway

Rule(s) Violated:

A1-15 possess/use/intro drugs/alcohol/notpresc med

A1-22 Conduct disrupts/interferes with facility

A1-21 Possession of any facility contraband

Description of Incident: On the above date and time while my assigned post as Hallway 3 Officer the following did occur. At 1910 hours I conducted a security check of the Echo 1 hallway. During my security check I lifted the top off the laundry container and found a folded up t-shirt. Upon further investigation I found 2 sealed commissary coffee pouches, three pictures of a female on white paper, a small amount of plastic and a dime sized unknown green leafy substance. Upon facility DVR review it is seen Inmate Murphy, Adam 2023-00985 outside Echo 1's door with the folded up t-shirt in his possession and placing it in the same location as the laundry container at 1816 hours. End of report.

Employee Witnesses: None

Other Inmates Involved:

Employee Name: Mackey 527 Signature: [Signature] Report Date: 07/22/23 Report Time: 0745

Sergeants Findings:

I have reviewed the report and investigated the event. Based on the information provided in the report and the information gained during my investigation, I have determined that the information is true and accurate as reported.

Notes Inmate admitted to having contraband.

Sergeant Name: CESE Signature: [Signature] Report Date: 7/22/23 Report Time: 0800

Shift Commander Name: L. MORENO Signature: [Signature]

B. Command Review: Review Date: 7/22/23 Review Time: 2210

Name: J. Desantis Rank: LT Signature: [Signature]

Level: I Confinement Pending Hearing: yes ☐ no ☒ ☐ Dismissed at Review

Reason: Inmate not confined pending hearing

Staff Photos
Female

The Staff was bringing me N Drugs
Tobacco Females having sex.

Self
Back

~~Official Document~~

These are four Reports written
BY Staff I was Coerced
Into Telling on The officer
with Threats made by all
Staff with more Beatings
more uses of force
and they are still harassing
me everyday. Today,
7-13-14 ERT officer Pullen

States Versation you better give
up those shoes you little bitch
or you'll get ASS Raped.

They are Retaliating against me
because I was romantically involved
with Thomas Lane and Staff Ambrose

Case #
13-cv-6998
(KMK)

EXHIBIT # 5

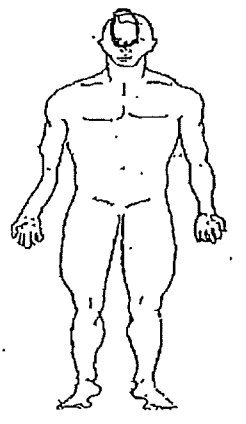
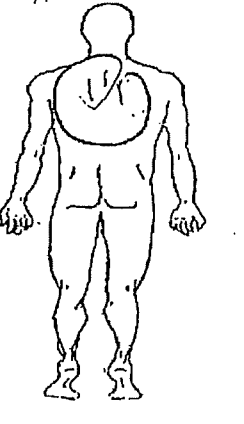
Initial Medical
Report from
Use of Force

MEDICAL INCIDENT REPORT

ORANGE COUNTY JAIL

No X-Rays until 8-21-23

amanda
Mondw.f.

| | | | | | |
|--|--|--|--|-------------------------------|-----------------------------|
| PERSON INVOLVED (LAST NAME, FIRST, MIDDLE INITIAL) Munoz, Adam | | BOOKING NUMBER 2023-00985 | SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | AGE 35 | DATE OF BIRTH 01/15/1988 |
| DATE OF INCIDENT 8-21-23 | TIME OF INCIDENT 2000 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. | EXACT LOCATION OF INCIDENT Delta 3 housing unit | | | |
| <input checked="" type="checkbox"/> INMATE | PROPERTY INVOLVED (IF YES DESCRIBE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | WAS PERSON AUTHORIZED TO BE AT THE LOCATION OF THE INCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| <input type="checkbox"/> DETAINEE | EQUIPMENT INVOLVED (IF YES DESCRIBE) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| <input type="checkbox"/> PRE SEGREGATION | TYPE OF SEGREGATION <input type="checkbox"/> DISCIPLINARY <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> PROTECTIVE CUSTODY <input type="checkbox"/> Paperwork Complete | | | | |
| <input type="checkbox"/> HOSPITAL RETURN | HOSPITAL PAPERWORK RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO | | SPECIAL HOUSING REQUESTED FOR HOSPITAL RETURNING (IF YES DESCRIBE) <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| DESCRIBE EXACTLY WHAT HAPPENED: WHAT CAUSES WERE, IF INJURED: STATE PART OF BODY INJURED. IF PROPERTY OF EQUIPMENT WAS DAMAGED STATE THE DAMAGE: Use of force, c/o @ cheek pain / nasal pain / pain on forehead. Hemorrhoids to back. X-ray ordered. | | | | | |
| WAS INMATE/DETAINEE INVOLVED SEEN BY A NURSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | WHEN 2000 7/21/23 | WHERE Medical | NURSE NAME G. Gomez, RN | |
| WAS INMATE/DETAINEE SEEN BY A PHYSICIAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | WHEN | WHERE | PHYSICIAN NAME -NLY 105 | |
| WAS FIRST AID ADMINISTERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | WHEN | WHERE | BY WHOM | |
| WAS INMATE/DETAINEE INVOLVED TAKEN TO A HOSPITAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | WHEN | WHERE | BY WHOM | |
| INDICATE ON DIAGRAM LOCATION OF INJURY | | | | | |
|  | | INDICATE TYPE OF INJURY <input type="checkbox"/> LACERATION <input type="checkbox"/> HEMATOMA <input checked="" type="checkbox"/> ABRASION <input type="checkbox"/> BURN <input type="checkbox"/> NON APPARENT <input type="checkbox"/> OTHER (SPECIFY) | | | |
| | |  | | | |
| <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> NON-FATAL | | | | | |
| NURSE/PHYSICIAN'S COMMENTS (CHIEF COMPLAINT) Use of force. X-ray ordered for @ cheek pain / nasal pain. | | | | | |
| DATE OF ASSESSMENT 7/21/23 | | IF ASSESSMENT DATE IS NOT THE SAME DATE AS THE INCIDENT STATE REASON | | | |
| TITLE AND SIGNATURE OF PERSON PREPARING THE REPORT G. Gomez, RN | | | | | |
| OFFICER NAME SIGNATURE AND SHIRT NUMBER K. Kelly 411 | | | | | |

NOTE: A COPY OF ALL MEDICAL INCIDENT REPORTS WILL BE PROVIDED TO THE FACILITY SHIFT COMMANDER

Official Document
Statement made by
Submitted FOI Request Plaintiff

to Records for photos
of Injuries As well
As any Reports.

I'm sure they will try to
keep the ERT Footage from
the courts the Overhead
DVR Shows nothing

ONLY ERT Footage Shows
The Excessive Force.

I know they also violated my 4th
14th Constitutional Rights
with the Romantic Relationship
with Females Staff members
Cruel & unusual punishment
I'd like to be transferred in my
State home. Am am

Will be submitting
more Documentation



REQUEST TO USE THE LAW LIBRARY

DATE:

0228

NAME:

PRINT FULL NAME

PRINT FULL NAME

LOCATION:

B-4 28 9/11

HOUSING UNIT

NOTARY PUBLIC

7

YES

☐

NO

If yes, type of document:

X

INMATE'S SIGNATURE

HOUSING UNIT OFFICER:

Received by:

Date:

Time:

9-14-23

WJ

Plaintiff;

Adam E. Murphy #202300985

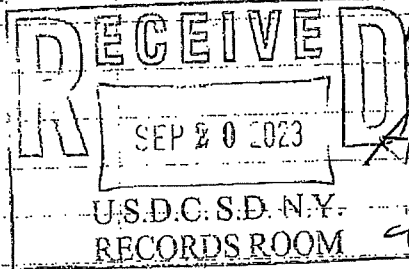
VS.
K. Rodriguez ET AL.
#23-CV-6998 (KMK)

EXHIBIT

See 10[#] pages OF
INJURY PHOTOS

Attached. Plus one
Mental health Request and
Car-Livery Request

Respectfully,



Adam E. Murphy

#202300985

USM₃
SDNY

Click (3)

United States Southern

Pro SE
Tuck-
L

United States Federal Reserve

300 QuARep45

White Plains, N.Y.

Legal Malpractice